Kilparrin Teaching and Assessment School and Services
Statewide Support Service

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Request for Kilparrin Support: Schools & Preschools

For students who have hearing and/or vision impairment and additional disabilities

Confidential

SECTION 1: IDENTIFYING INFORMATION *To be completed by School/Preschool staff.*

Site:____ Telephone No:________________ District:________________________

Date started at this site:_____________________ Current Year Level:______ Teacher:______________________

e-mail address:____

Previous Preschools/Schools:____

STUDENT DETAILS

Surname:___________________________ Given Name:__________________________ Date of Birth:__________________

Parent(s)/Caregiver(s):____ Gender *(please circle)*: M / F

Address:____ Telephone No.:__________________(work)

________________________ Post Code:__________ Telephone No.:__________________(home)

Parent email:____

Sensory Impairment (*please tick*): Vision ☐ Hearing ☐

Additional disability(s) *(eg: Autism, Cerebral Palsy, Down Syndrome)* (Please note this does not include speech and language disorders)____

____

Note: For this referral to proceed a recent copy (within 2 years) of a medical/specialist report relating to vision and/or hearing impairment is required

STATISTICAL INFORMATION

These details are kept confidential and used to provide information about groups of students using the service. (Please tick)

Is the student under the Guardianship of the Minister (GOM)?: Yes / No

If GOM, Department of Child Protection (DCP) details:

DCP Office: DCP Phone Number: DCP Social Worker:

EDSAS ID Number (if known)………………………… Aboriginal or Torres Strait Islander: Yes / No

Impairment Codes: ☐ ☐ ☐ Level of Support: ☐ Year Level: ☐

SECTION 2: REFERRAL INFORMATION *To be completed by teacher.*

Describe your concerns relating to vision/hearing regarding the student. Indicate specific concerns about participation and access to the curriculum:____

____

____

What outcome(s) would you like as a result of this referral?____

____

____

Other agencies/services involved at the school/preschool (eg Physiotherapist, Speech Pathologist, Occupational Therapist):

____

____

SECTION 3: INFORMATION FROM PARENT/CAREGIVER *To be completed by Parent/Caregiver*

Describe any concerns about your child's learning: ____
____
____

Child's Ophthalmologist: ______________________________ Report attached? Yes / No

Ophthalmologist Address: ____________________________

Child's Audiologist: _________________________________ Report attached? Yes / No

Audiologist Address: _________________________________

Child's Paediatrician: ________________________________ Report attached? Yes / No

Paediatrician Address: ______________________________

Other **Service Providers** (eg CanDo4Kids, Guide Dogs SA/NT, Novita) **AND role**: (eg Physiotherapist, Speech Pathologist, Occupational Therapist):____
____
____
____

Child's Record Number at Hospital (if applicable) Hospital………………………………Record No:…………………………..

PARENT/CAREGIVER CONSENT

1. I consent to my child having support from Kilparrin Statewide Support Service. Yes ☐ No ☐
2. I give permission for medical details relevant to my child to be released to Kilparrin Yes ☐ No ☐
3. I consent to the exchange of relevant information between Kilparrin and the medical professionals/service providers listed above, and between Kilparrin and the site Yes ☐ No ☐
4. I consent to the exchange of relevant information between Kilparrin and DCP (if applicable) N/A ☐ Yes ☐ No ☐

Preferred method of contact: ☐ Phone ☐ Email

Signed: ___________________________________ (Parent/Caregiver) Date: ________________

SECTION 4: PRINCIPAL/DIRECTOR COMMENTS

I consent to Kilparrin support being provided at _______________________________________(School/Preschool)

Principal/Director Signature: _____________________________________ Date:_______________________

Principal/Director Name: *(please print)* ___________________________________

If this referral meets (and continues to meet) eligibility criteria for Kilparrin support, families will be notified, and it will remain active for 2 years or until the student changes site (whichever is earlier).

Government of South Australia
Department for Education